

Attachment A  
General Instructions:

Each State must provide the information indicated below on its TANF program regardless of the funding source -- i.e., no matter whether the State used segregated Federal TANF funds, segregated State TANF funds, or commingled funds to pay for the benefit or service.

If the State elects to report on other benefits or activities provided through other program funding streams, please mention it after the TANF-funded benefits or activities for each item.

**1. The State's definition of each work activity.**

The activities that fall within each of the 12 categories of TANF work activities listed in Section 407(d) of the Social Security Act for purposes of determining the State's required minimum work participation rate can be found in New Jersey's TANF Work Verification Plan under Section 1, "Countable Work Activities" in accordance with 45 CFR 261.2. Employment-directed and workforce development activities are administered at the local level, in most cases, by the local One-Stop Career Center (OSCC) agencies under the supervision of the New Jersey Department of Labor and Workforce Development (LWD).

**2. A description of the transitional services provided to families no longer receiving assistance due to employment.**

In addition to child support services and food stamps, TANF recipients determined ineligible for cash benefits due to earned income, may be eligible, based on income, for TANF transitional services. Families, whose cases have closed for reasons other than employment, may become eligible for TANF transitional services if they become employed within 24 months of the cash assistance case closing. Each of the transitional services available to families no longer receiving assistance due to employment is listed below and described in New Jersey's TANF State Plan under the section entitled "WFNJ/TANF Non-Cash Assistance Support Programs" in accordance with 45 CFR 260.31(b). „« Post-WFNJ Referral Services Program „« Child Care „« Medical Support „« Transportation Assistance-This support was not funded with the State's 2010 budget which became effective on July 1, 2010. „« Social Services for the Homeless „« Supplemental Work Support Program „« Career Advancement Voucher Program „« New Jersey Earned Income Tax Credit Program „« NJ Individual Development Accounts (IDAs)

**3. A description of how a State will reduce the amount of assistance payable to a family when an individual refuses to engage in work without good cause pursuant to 45 CFR 261.14 of this chapter.**

New Jersey's sanction policy is described in New Jersey's TANF State Plan under the section entitled "Cash Assistance Recipient's Self Sufficiency Requirements" in accordance with 45 CFR 261.14.

**4. The average monthly number of payments for child care services made by the State through the use of disregards, by the following types of child care**

<u>providers:</u>
<u>i. Licensed/regulated in-home child care:</u> 0
<u>ii. Licensed/regulated family child care:</u> 0
<u>iii. Licensed/regulated group home child care:</u> 0
<u>iv. Licensed/regulated center-based child care:</u> 0
<u>v. Legally operating (i.e., no license category available in State or locality) in-home child care provided by a non-relative:</u> 0
<u>vi. Legally operating (i.e., no license category available in State or locality) in-home child care provided by a relative:</u> 0
<u>vii. Legally operating (i.e., no license category available in State or locality) family child care provided by a non-relative:</u> 0
<u>viii. Legally operating (i.e., no license category available in State or locality) family child care provided by a relative:</u> 0
<u>ix. Legally operating (i.e., no license category available in State or locality) group child care provided by a non-relative:</u> 0
<u>x. Legally operating (i.e., no license category available in State or locality) group child care provided by a relative:</u> 0
<u>xi. Legally operated (i.e., no license category available in State or locality) center-based child care.</u> 0
<p><u>5. If the State has adopted the Family Violence Option and wants Federal recognition of its good cause domestic violence waivers under 45 CFR 260.50-58, then provide (a) a description of the strategies and procedures in place to ensure that victims of domestic violence receive appropriate alternative services and (b) an aggregate figure for the total number of good cause domestic waivers granted.</u></p> <p>(a) The WFNJ/TANF Program has availed itself of the PRWORA option regarding protections for victims of family violence, including rape or incest, through the establishment of standards and procedures designed to screen for, identify, and where appropriate, refer victims of family violence to the DHS-designated Domestic Violence Core Service or Sexual Assault Service Program. The WFNJ/TANF program provides the flexibility needed to address the specific problems of victims of family violence, as well as victims of rape and incest. These individuals may utilize the PRWORA option at any point in the WFNJ/TANF process to waive program requirements when compliance would make it more difficult for them to escape family violence, or when present, past or future family violence impacts on the individual's ability to comply. A description of the strategies and procedures for New Jersey's Family Violence Option is in New Jersey's TANF State Plan under the sections entitled "WFNJ/TANF Cash Assistance Non-Financial Eligibility Requirements" and "Optional Certification/Family Violence Option" in accordance with 45 CFR 260.50-58. (b) As of September 30, 2010, the total number of good cause domestic violence waivers granted during the 2009-2010 fiscal year was 2145.</p>

**6. A description of any nonrecurrent, short-term benefits (as defined in 45 CFR 260.31(b)(1)) provided, including:**

**i. The eligibility criteria associated with such benefits, including any restrictions on the amount, duration, or frequency of payments;**

**ii. Any policies that limit such payments to families that are eligible for TANF assistance or that have the effect of delaying or suspending a family's eligibility for assistance;**

**iii. Any procedures or activities developed under the TANF program to ensure that individuals diverted from assistance receive information about, referrals to, or access to other program benefits (such as Medicaid and food stamps) that might help them make the transition from welfare to work.**

Certain temporary services are available to a WFNJ TANF recipient, in support of the recipient's efforts to work. These services are provided only as a last resort, when no other source of support is available. New Jersey offers nonrecurring, short-term benefits (as defined in 45 CFR 260.31(b)(1)) through the Early Employment Initiative, Kinship Wraparound services and the Social Services for the Homeless (SSH) program. Descriptions of these services are available in New Jersey's TANF State Plan under the section entitled "WFNJ/TANF Non-Cash Assistance Support Programs". In addition, New Jersey offers nonrecurring, short-term benefits through the Emergency Assistance program. A description of these services is available in the TANF State Plan under the section entitled "Emergency Assistance for Cash Assistance Recipients."

**7. A description of the grievance procedures the State has established and is maintaining to resolve displacement complaints, pursuant to section 407(f)(3) of the Social Security Act. This description must include the name of the State agency with the lead responsibility for administering this provision and explanations of how the State has notified the public about these procedures and how an individual can register a complaint.**

Pursuant to section 407(f)(2) of the Social Security Act, WFNJ legislation affords protections to current workers by providing that a recipient of benefits under WFNJ will not displace a regular employee by being placed or utilized in a position: > that had been previously filled by a regular employee, but now the position or a substantially similar position at that workplace is vacant through a demotion, reduction of hours or a layoff of a regular employee in the previous 12 months or was eliminated in the previous 12 months; > that infringes upon a wage rate or an employment benefit or violates the contractual overtime provisions of a regular employee at that workplace; > that violates an existing collective bargaining agreement or a statutory provision that applies to that workplace; > that supplants or duplicates a position in an existing approved apprenticeship program; > through an employment agency or temporary help service firm as a community work experience or alternative work experience worker; > if there is a contractual or statutory recall right to that position at that workplace; and > if there is an ongoing strike or lockout at that workplace. Pursuant to section 407(f)(3) of the Social Security Act WFNJ legislation also provides for a complaint resolution procedure to allow an opportunity for the person

or the organization that represents the collective bargaining unit to meet

with a designee of the Commissioner of the New Jersey Department of Labor and Workforce Development or the Governor's Office of Employee Relations. The legislation stipulates that the designee of the Commissioner of the New Jersey Department of Labor and Workforce Development or the Governor's Office of Employee Relations will attempt to resolve the complaint of the alleged violation within 30 days of the date of the request for the meeting. In the event that the complaint is not resolved within the 30-day period, the complainant may appeal to the New Jersey State Board of Mediation in the Department of Labor and Workforce Development for expedited binding arbitration, the cost of which will be borne equally by both parties to the dispute.

**8. A summary of State programs and activities directed at the third and fourth statutory purposes of TANF (as specified at 45 CFR 260.20(c) and (d) of this chapter).**

**a. Summarize below, the State programs and activities directed at preventing and reducing the incidence of out-of-wedlock pregnancies and establishing annual numerical goals for preventing and reducing the incidence of these pregnancies (TANF purpose 3):**

A summary of New Jersey's programs and activities directed at preventing and reducing the incidence of out-of-wedlock pregnancies, and the annual numeric goals for preventing and reducing the incidence of these pregnancies, is in New Jersey's TANF State Plan under the section "§WFNJ/TANF Non-Cash Assistance Support Programs" in accordance with 45 CFR 260.20(c).

**b. Summarize below, the State programs and activities directed at encouraging the formation and maintenance of two-parent families (TANF purpose 4):**

**Supporting Two-Parent Families** New Jersey operates a State-funded program which supports marriage and two-parent families by providing the same services and work activities as those provided to TANF eligible families. Non-financial and financial eligibility requirements are consistent with federal TANF and WFNJ criteria. WFNJ Step-Parent Provision In WFNJ, individuals who marry cash assistance recipients are not held financially responsible for the recipient's children. This promotes marriage and stabilizes families. If the step-parent's income causes the assistance unit to become ineligible, or if the step-parent is non-needy, the step-parent, as well as the step-parent's natural or adoptive children and the WFNJ recipient parent are excluded from the eligible assistance unit; therefore, the assistance unit consists only of the WFNJ children. Additional programs and activities directed at encouraging the formation and maintenance of two-parent families are listed below and summarized in New Jersey's TANF State Plan under the section entitled "§WFNJ/TANF Non-Cash Assistance Support Programs" in accordance with 45 CFR 260.20(d). > WFNJ Faith-Based Initiative > Responsible Parenting and Operation Fatherhood > Family Support and Economic Self-Sufficiency Program > New Jersey Hunger

**Prevention and Nutrition Assistance Program**

**9. An estimate of the total number of individuals who have participated in subsidized employment under §261.30(b) or (c) of this chapter. 341**

Attachment B 5a  
Grantee Information

<u>State</u> NEW JERSEY	<u>Fiscal Year</u> 2010
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Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Basic Assistance

2. Description of the Major Program Benefits, Services, and Activities:

This program is described in the NJ TANF State Plan (see pages 7-16).

3. Purpose(s) of Benefit or Service Program:

The purpose of this program is detailed in the NJ TANF State Plan (see pages 7-16).

4. Program Type. (Check one)

☒ TANF   ☐ State

5. Description of Work Activities (Complete only if this program is a separate State program):

6. Total State Expenditures for the Program for the Fiscal Year: \$68,322,707

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$68,322,707

8. Total Number of Families Served under the Program with MOE Funds: 37,740

This last figure represents (Check one):

☒ The average monthly total for the fiscal year.   ☐ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

\*TANF and MOE funds are commingled for this category therefore, the eligibility is consistent with Federal TANF and WFNJ criteria.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

☒ Yes   ☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

Attachment B 5b  
Grantee Information

<u>State</u> NEW JERSEY	<u>Fiscal Year</u> 2010
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Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Child Care

2. Description of the Major Program Benefits, Services, and Activities:

This program is described in the NJ TANF State Plan (see pages 27-28).

3. Purpose(s) of Benefit or Service Program:

This purpose of this program is detailed in the NJ TANF State Plan (see pages 27-28).

4. Program Type. (Check one)

☒ TANF   ☐ State

5. Description of Work Activities (Complete only if this program is a separate State program):

6. Total State Expenditures for the Program for the Fiscal Year: \$26,374,178

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$26,374,178

8. Total Number of Families Served under the Program with MOE Funds: 7,873

This last figure represents (Check one):

☒ The average monthly total for the fiscal year.   ☐ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

\*TANF and MOE funds are commingled for this category therefore, the eligibility is consistent with Federal TANF and WFNJ criteria. The maximum allowable MOE that can be claimed for the Child Care category is \$26,374,178.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

☒ Yes   ☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0



Attachment B 5c  
Grantee Information

<u>State</u> NEW JERSEY	<u>Fiscal Year</u> 2010
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Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Other Supportive Services (Assistance)

2. Description of the Major Program Benefits, Services, and Activities:

This program is described in the NJ TANF State Plan (see pages 20-21).

3. Purpose(s) of Benefit or Service Program:

The purpose of this program is detailed in the NJ TANF State Plan (see pages 20-21).

4. Program Type. (Check one)

☒ TANF   ☐ State

5. Description of Work Activities (Complete only if this program is a separate State program):

6. Total State Expenditures for the Program for the Fiscal Year: \$5,229,858

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$5,229,858

8. Total Number of Families Served under the Program with MOE Funds: 37,740

This last figure represents (Check one):

☒ The average monthly total for the fiscal year.   ☐ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

\*TANF and MOE funds are commingled for this category therefore, the eligibility is consistent with Federal TANF and WFNJ criteria.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

☒ Yes   ☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0



Attachment B 6a1  
Grantee Information

<u>State</u> NEW JERSEY	<u>Fiscal Year</u> 2010
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Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Work Subsidies

2. Description of the Major Program Benefits, Services, and Activities:

These programs are described in the NJ TANF State Plan (see pages 16-19).

3. Purpose(s) of Benefit or Service Program:

The purposes of these programs are detailed in the NJ TANF State Plan (see pages 16-19).

4. Program Type. (Check one)

☒ TANF ☐ State

5. Description of Work Activities (Complete only if this program is a separate State program):

6. Total State Expenditures for the Program for the Fiscal Year: \$3,448,409

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$3,448,409

8. Total Number of Families Served under the Program with MOE Funds: 3,976

This last figure represents (Check one):

☒ The average monthly total for the fiscal year. ☐ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

\*TANF and MOE funds are commingled for this category therefore, the eligibility is consistent with Federal TANF and WFNJ criteria.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

☒ Yes ☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

Attachment B 6a2  
Grantee Information

<u>State</u> NEW JERSEY	<u>Fiscal Year</u> 2010
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Program Information

<b><u>Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.</u></b>
<b><u>1. Name of Benefit or Service Program:</u></b> Education and Training
<b><u>2. Description of the Major Program Benefits, Services, and Activities:</u></b> These programs are described in the NJ TANF State Plan (see pages 17, 18).
<b><u>3. Purpose(s) of Benefit or Service Program:</u></b> The purposes of these programs are detailed in the NJ TANF State Plan (see pages 17, 18).
<b><u>4. Program Type. (Check one)</u></b> <input checked="" type="radio"/> TANF <input type="radio"/> State
<b><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u></b>
<b><u>6. Total State Expenditures for the Program for the Fiscal Year:</u></b> \$7,230,830
<b><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u></b> \$7,230,830
<b><u>8. Total Number of Families Served under the Program with MOE Funds:</u></b> 12,268
<b><u>This last figure represents (Check one):</u></b> <input checked="" type="radio"/> The average monthly total for the fiscal year. <input type="radio"/> The total served over the fiscal year.
<b><u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u></b> TANF and MOE funds are commingled for this category with the exception of the expenditures for the Separate State Program; therefore, the eligibility is consistent with Federal TANF and WFNJ criteria.
<b><u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u></b> <input checked="" type="radio"/> Yes <input type="radio"/> No
<b><u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u></b> \$0

Attachment B 6a3  
Grantee Information

<u>State</u> NEW JERSEY	<u>Fiscal Year</u> 2010
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Program Information

<b><u>Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.</u></b>
<b><u>1. Name of Benefit or Service Program:</u></b> Other Work Activities/Expenses
<b><u>2. Description of the Major Program Benefits, Services, and Activities:</u></b> These programs are described in the NJ TANF State Plan (see pages 16-19).
<b><u>3. Purpose(s) of Benefit or Service Program:</u></b> The purposes of these programs are detailed in the NJ TANF State Plan (see pages 16-19).
<b><u>4. Program Type. (Check one)</u></b> <input checked="" type="radio"/> TANF <input type="radio"/> State
<b><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u></b>
<b><u>6. Total State Expenditures for the Program for the Fiscal Year:</u></b> \$25,716,458
<b><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u></b> \$25,716,458
<b><u>8. Total Number of Families Served under the Program with MOE Funds:</u></b> 12,268
<b><u>This last figure represents (Check one):</u></b> <input checked="" type="radio"/> The average monthly total for the fiscal year. <input type="radio"/> The total served over the fiscal year.
<b><u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u></b> TANF and MOE funds are commingled for this category with the exception of the expenditures for the Separate State Program; therefore, the eligibility is consistent with Federal TANF and WFNJ criteria.
<b><u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u></b> <input checked="" type="radio"/> Yes <input type="radio"/> No
<b><u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u></b> \$0

Attachment B 6e  
Grantee Information

<u>State</u> NEW JERSEY	<u>Fiscal Year</u> 2010
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Program Information

<u>Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.</u>
<u>1. Name of Benefit or Service Program:</u> Refundable Earned Income Tax Credits
<u>2. Description of the Major Program Benefits, Services, and Activities:</u> The Refundable Earned Income Tax Credits is described in the NJ TANF State Plan (see page 30).
<u>3. Purpose(s) of Benefit or Service Program:</u> The purpose of the Refundable Earned Income Tax Credit is detailed in the NJ TANF State Plan (see page 30).
<u>4. Program Type. (Check one)</u> <input checked="" type="radio"/> TANF <input type="radio"/> State
<u>5. Description of Work Activities (Complete only if this program is a separate State program):</u>
<u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$245,217,626
<u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$245,217,626
<u>8. Total Number of Families Served under the Program with MOE Funds:</u> 397,712
<u>This last figure represents (Check one):</u> <input type="radio"/> The average monthly total for the fiscal year. <input checked="" type="radio"/> The total served over the fiscal year.
<u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u> TANF and MOE funds are commingled for this category therefore, the eligibility is consistent with Federal TANF and WFNJ criteria.
<u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u> <input checked="" type="radio"/> Yes <input type="radio"/> No
<u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u> \$0

Attachment B 6g  
Grantee Information

<u>State</u> NEW JERSEY	<u>Fiscal Year</u> 2010
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Program Information

<p><b><u>Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.</u></b></p>
<p><b><u>1. Name of Benefit or Service Program:</u></b> Non-recurrent Short Term Benefits which includes Social Services for the Homeless (SSH), Kinship Wraparound and Emergency Assistance (EA).</p>
<p><b><u>2. Description of the Major Program Benefits, Services, and Activities:</u></b> The Social Services for the Homeless, Kinship Wraparound and EA are included in the NJ TANF State Plan (see pages 23, 28 and 35).</p>
<p><b><u>3. Purpose(s) of Benefit or Service Program:</u></b> The purpose of the Social Services for the Homeless, Kinship Wraparound and Emergency Assistance is detailed in the NJ TANF State Plan (see pages 23, 28 and 35).</p>
<p><b><u>4. Program Type. (Check one)</u></b> <input checked="" type="radio"/> TANF   <input type="radio"/> State</p>
<p><b><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u></b></p>
<p><b><u>6. Total State Expenditures for the Program for the Fiscal Year:</u></b> \$13,016,571</p>
<p><b><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u></b> \$13,016,571</p>
<p><b><u>8. Total Number of Families Served under the Program with MOE Funds:</u></b> 3,432</p>
<p><b><u>This last figure represents (Check one):</u></b> <input checked="" type="radio"/> The average monthly total for the fiscal year.   <input type="radio"/> The total served over the fiscal year.</p>
<p><b><u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u></b> TANF and MOE funds are commingled for this category with the exception of the expenditures for the Separate State Program (State Only WFNJ Program for Two-Parent Families); therefore, the eligibility is consistent with Federal TANF and WFNJ criteria.</p>
<p><b><u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u></b> <input checked="" type="radio"/> Yes   <input type="radio"/> No</p>
<p><b><u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u></b> \$0</p>

Attachment B 6h  
Grantee Information

<u>State</u> NEW JERSEY	<u>Fiscal Year</u> 2010
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Program Information

<b><u>Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.</u></b>
<b><u>1. Name of Benefit or Service Program:</u></b> Prevention of Out-of-Wedlock Pregnancies-NJ Youth Corps Adolescent Pregnancy Prevention Program, School Based Youth Services Program (SBYSP) and At Risk Youth Program.
<b><u>2. Description of the Major Program Benefits, Services, and Activities:</u></b> The NJ Youth Corps, School Based Youth Services Program and At Risk Youth programs are described in the NJ TANF State Plan (see page 34).
<b><u>3. Purpose(s) of Benefit or Service Program:</u></b> The purpose of the NJ Youth Corps, School Based Youth Services Program and At Risk Youth programs are detailed in the NJ TANF State Plan (see page 34).
<b><u>4. Program Type. (Check one)</u></b> <input checked="" type="radio"/> TANF <input type="radio"/> State
<b><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u></b>
<b><u>6. Total State Expenditures for the Program for the Fiscal Year:</u></b> \$7,777,906
<b><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u></b> \$7,777,906
<b><u>8. Total Number of Families Served under the Program with MOE Funds:</u></b> 2,643
<b><u>This last figure represents (Check one):</u></b> <input checked="" type="radio"/> The average monthly total for the fiscal year. <input type="radio"/> The total served over the fiscal year.
<b><u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u></b> TANF and MOE funds are commingled for this category with the exception of the expenditures for the Separate State Program (State Only WFNJ Program for Two-Parent Families); therefore, the eligibility is consistent with Federal TANF and WFNJ criteria.
<b><u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u></b> <input checked="" type="radio"/> Yes <input type="radio"/> No

**11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0**



Attachment B 6i  
Grantee Information

<u>State</u> NEW JERSEY	<u>Fiscal Year</u> 2010
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Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

2-Parent Family Formation and Maintenance-- Faith Based Initiative

2. Description of the Major Program Benefits, Services, and Activities:

The Faith Based Program is described in the NJ TANF State Plan (see page 38-39).

3. Purpose(s) of Benefit or Service Program:

The purpose of the Faith Based Initiative is detailed in the NJ TANF State Plan (see page 38-39).

4. Program Type. (Check one)

☒ TANF   ☐ State

5. Description of Work Activities (Complete only if this program is a separate State program):

6. Total State Expenditures for the Program for the Fiscal Year:   \$332,746

7. Total State MOE Expenditures under the Program for the Fiscal Year:   \$332,746

8. Total Number of Families Served under the Program with MOE Funds:   1,608

This last figure represents (Check one):

☒ The average monthly total for the fiscal year.   ☐ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

TANF and MOE funds are commingled for this category with the exception of the expenditures for the Separate State Program (State Only WFNJ Program for Two-Parent Families); therefore, the eligibility is consistent with Federal TANF and WFNJ criteria.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

☒ Yes   ☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):   \$0

Attachment B 6j  
Grantee Information

<u>State</u> NEW JERSEY	<u>Fiscal Year</u> 2010
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Program Information

<p><b><u>Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.</u></b></p>
<p><b><u>1. Name of Benefit or Service Program:</u></b> Administration</p>
<p><b><u>2. Description of the Major Program Benefits, Services, and Activities:</u></b> The Department of Human Services' Division of Family Development (DHS/DFD) is the agency responsible for supervising the WFNJ/TANF program at the State level. WFNJ/TANF is administered at the local level by the 21 county agencies, under DFD supervision and through contracts for services.</p>
<p><b><u>3. Purpose(s) of Benefit or Service Program:</u></b> To provide for a smarter and more efficient administration of all elements of the service delivery system.</p>
<p><b><u>4. Program Type. (Check one)</u></b> <input checked="" type="radio"/> TANF   <input type="radio"/> State</p>
<p><b><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u></b></p>
<p><b><u>6. Total State Expenditures for the Program for the Fiscal Year:</u></b>   \$30,062,058</p>
<p><b><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u></b>   \$30,062,058</p>
<p><b><u>8. Total Number of Families Served under the Program with MOE Funds:</u></b>   37,740</p>
<p><b><u>This last figure represents (Check one):</u></b> <input checked="" type="radio"/> The average monthly total for the fiscal year.   <input type="radio"/> The total served over the fiscal year.</p>
<p><b><u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u></b> N/A</p>
<p><b><u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u></b> <input checked="" type="radio"/> Yes   <input type="radio"/> No</p>
<p><b><u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u></b>   \$0</p>

Attachment B 6k  
Grantee Information

<u>State</u> NEW JERSEY	<u>Fiscal Year</u> 2010
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Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Systems

2. Description of the Major Program Benefits, Services, and Activities:

Federal TANF and State MOE funds are utilized to support automated systems development and operations to support our TANF program. Including our FAMIS, OMEGA, and Families First EBT systems.

3. Purpose(s) of Benefit or Service Program:

To provide for a smarter and more efficient administration of all elements of the service delivery system.

4. Program Type. (Check one)

☒ TANF   ☐ State

5. Description of Work Activities (Complete only if this program is a separate State program):

6. Total State Expenditures for the Program for the Fiscal Year: \$2,652,511

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$2,652,511

8. Total Number of Families Served under the Program with MOE Funds: 37,740

This last figure represents (Check one):

☒ The average monthly total for the fiscal year.   ☐ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

N/A

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

☒ Yes   ☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

Attachment B 6m  
Grantee Information

<u>State</u> NEW JERSEY	<u>Fiscal Year</u> 2010
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Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Other Expenditures (non-assistance clients)

2. Description of the Major Program Benefits, Services, and Activities:

This program includes Education and Outreach efforts which are described in the NJ TANF State Plan. (See page 26).

3. Purpose(s) of Benefit or Service Program:

The purposes of this program is detailed in the NJ TANF State Plan (See page 26).

4. Program Type. (Check one)

☒ TANF   ☐ State

5. Description of Work Activities (Complete only if this program is a separate State program):

6. Total State Expenditures for the Program for the Fiscal Year: \$1,205,662

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$1,205,662

8. Total Number of Families Served under the Program with MOE Funds: 3,695

This last figure represents (Check one):

☒ The average monthly total for the fiscal year.   ☐ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

TANF and MOE funds are commingled for this category; therefore, the eligibility is consistent with Federal TANF and WFNJ criteria.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

☒ Yes   ☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

Attachment B 6a2 SSP  
Grantee Information

<u>State</u> NEW JERSEY	<u>Fiscal Year</u> 2010
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Program Information

<b><u>Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.</u></b>
<b><u>1. Name of Benefit or Service Program:</u></b> Education and Training (Career Advancement Voucher)
<b><u>2. Description of the Major Program Benefits, Services, and Activities:</u></b> This program is described in the NJ TANF State Plan (see page 30).
<b><u>3. Purpose(s) of Benefit or Service Program:</u></b> The purpose of this program is detailed in the NJ TANF State Plan (see page 30).
<b><u>4. Program Type. (Check one)</u></b> <input type="radio"/> TANF <input checked="" type="radio"/> State
<b><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u></b> Work Activities are the same as the TANF program.
<b><u>6. Total State Expenditures for the Program for the Fiscal Year:</u></b> \$389,160
<b><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u></b> \$389,160
<b><u>8. Total Number of Families Served under the Program with MOE Funds:</u></b> 144
<b><u>This last figure represents (Check one):</u></b> <input checked="" type="radio"/> The average monthly total for the fiscal year. <input type="radio"/> The total served over the fiscal year.
<b><u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u></b> TANF and MOE funds are commingled for this category with the exception of the expenditures for the Separate State Program; therefore, the eligibility is consistent with Federal TANF and WFNJ criteria.
<b><u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u></b> <input checked="" type="radio"/> Yes <input type="radio"/> No
<b><u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u></b> \$0

Attachment B 6a3 SSP  
Grantee Information

<u>State</u> NEW JERSEY	<u>Fiscal Year</u> 2010
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Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Other Work Activities (Early Employment Initiative, Special Initiatives)

2. Description of the Major Program Benefits, Services, and Activities:

This program is described in the NJ TANF State Plan (See pages 26-27 and page 35).

3. Purpose(s) of Benefit or Service Program:

The purpose of this program is detailed in the NJ TANF State Plan (see pages 26-27 and page 35).

4. Program Type. (Check one)

☐ TANF ☒ State

5. Description of Work Activities (Complete only if this program is a separate State program):

Work Activities are the same as TANF Program.

6. Total State Expenditures for the Program for the Fiscal Year: \$4,945,591

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$4,945,591

8. Total Number of Families Served under the Program with MOE Funds: 1,947

This last figure represents (Check one):

☒ The average monthly total for the fiscal year. ☐ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

See NJ TANF State Plan page 8.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

☒ Yes ☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

Attachment B 6c2 SSP  
Grantee Information

<u>State</u> NEW JERSEY	<u>Fiscal Year</u> 2010
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Program Information

<p><b><u>Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.</u></b></p>
<p><b><u>1. Name of Benefit or Service Program:</u></b> Transportation (Post 60 Months Transportation)</p>
<p><b><u>2. Description of the Major Program Benefits, Services, and Activities:</u></b> This program is described in the NJ TANF State Plan (see page 29).</p>
<p><b><u>3. Purpose(s) of Benefit or Service Program:</u></b> The purpose of this program is detailed in the NJ TANF State Plan (see page 29).</p>
<p><b><u>4. Program Type. (Check one)</u></b>  <input type="radio"/> TANF    <input checked="" type="radio"/> State         </p>
<p><b><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u></b> Work Activities are the same as TANF program.</p>
<p><b><u>6. Total State Expenditures for the Program for the Fiscal Year:</u></b>    \$1,619,453</p>
<p><b><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u></b>    \$1,619,453</p>
<p><b><u>8. Total Number of Families Served under the Program with MOE Funds:</u></b>    1,437</p>
<p><b><u>This last figure represents (Check one):</u></b>  <input checked="" type="radio"/> The average monthly total for the fiscal year.    <input type="radio"/> The total served over the fiscal year.         </p>
<p><b><u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u></b> See page 29 of the NJ TANF State Plan.</p>
<p><b><u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u></b>  <input checked="" type="radio"/> Yes    <input type="radio"/> No         </p>
<p><b><u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u></b>    \$0</p>



Attachment B 6h SSP ECPA  
Grantee Information

<u>State</u> NEW JERSEY	<u>Fiscal Year</u> 2010
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Program Information

<b><u>Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.</u></b>
<b><u>1. Name of Benefit or Service Program:</u></b> Prevention of Out-Of-Wedlock Pregnancies – Early Childhood Program Aid (ECPA)
<b><u>2. Description of the Major Program Benefits, Services, and Activities:</u></b> This program is described in the NJ TANF State Plan (see pages 27,28 and 44-46).
<b><u>3. Purpose(s) of Benefit or Service Program:</u></b> The purpose of the program is described in the NJ TANF State Plan (see pages 27, 28 and 44-46).
<b><u>4. Program Type. (Check one)</u></b> <input type="radio"/> TANF <input checked="" type="radio"/> State
<b><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u></b> Work activities are the same as the TANF program.
<b><u>6. Total State Expenditures for the Program for the Fiscal Year:</u></b> \$364,332,939
<b><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u></b> \$359,134,739
<b><u>8. Total Number of Families Served under the Program with MOE Funds:</u></b> 42,847
<b><u>This last figure represents (Check one):</u></b> <input checked="" type="radio"/> The average monthly total for the fiscal year. <input type="radio"/> The total served over the fiscal year.
<b><u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u></b> Eligibility criteria described in NJ TANF State Plan (see page 47).
<b><u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u></b> <input type="radio"/> Yes <input checked="" type="radio"/> No

**11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):** \$5,198,200

Attachment B 6h SSP FDFY  
Grantee Information

State NEW JERSEY

Fiscal Year 2010

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

**1. Name of Benefit or Service Program:**

Prevention of Out-Of-Wedlock Pregnancies- Contracted Payments for Full Day/Full Year Early Childhood Education

**2. Description of the Major Program Benefits, Services, and Activities:**

This program is described in the NJ TANF State Plan (see pages 27, 28 and 53-55).

**3. Purpose(s) of Benefit or Service Program:**

The purpose of the program is described in the NJ TANF State Plan (see pages 27, 28 and 53-55).

**4. Program Type. (Check one)**

☐ TANF ☒ State

**5. Description of Work Activities (Complete only if this program is a separate State program):**

Work Activities are the same as the TANF program.

**6. Total State Expenditures for the Program for the Fiscal Year:** \$94,866,049

**7. Total State MOE Expenditures under the Program for the Fiscal Year:** \$59,765,611

**8. Total Number of Families Served under the Program with MOE Funds:** 21,447

**This last figure represents (Check one):**

☒ The average monthly total for the fiscal year. ☐ The total served over the fiscal year.

**9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:**

Eligibility criteria described in NJ TANF State Plan (see page 54-56).

**10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)**

☒ Yes ☐ No

**11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0**

Attachment B 6j SSP  
Grantee Information

<u>State</u> NEW JERSEY	<u>Fiscal Year</u> 2010
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Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Administration - Career Advancement Voucher and Early Employment Initiative

2. Description of the Major Program Benefits, Services, and Activities:

The Department of Human Services' Division of Family Development (DHS/DFD) is the agency responsible for supervising the WFNJ/TANF program at the State level. WFNJ/TANF is administered at the local level by the 21 county agencies, under DFD supervision and through contracts for services.

3. Purpose(s) of Benefit or Service Program:

To provide for a smarter and more efficient administration of all elements of the service delivery system.

4. Program Type. (Check one)

☐ TANF ☒ State

5. Description of Work Activities (Complete only if this program is a separate State program):

N/A

6. Total State Expenditures for the Program for the Fiscal Year: \$237,354

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$237,354

8. Total Number of Families Served under the Program with MOE Funds: 873

This last figure represents (Check one):

☒ The average monthly total for the fiscal year. ☐ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

N/A

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

☒ Yes ☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

Attachment B 6m SSP  
Grantee Information

<u>State</u> NEW JERSEY	<u>Fiscal Year</u> 2010
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Program Information

<b><u>Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.</u></b>
<b><u>1. Name of Benefit or Service Program:</u></b> Other Support Services ( Child Protective Substance Abuse Initiative).
<b><u>2. Description of the Major Program Benefits, Services, and Activities:</u></b> This program is described in the NJ TANF State Plan (see pages 21-22 and page 35).
<b><u>3. Purpose(s) of Benefit or Service Program:</u></b> To provide assistance to needy families, end dependence of needy parents by promoting job preparation, work, marriage and maintain two parent families.
<b><u>4. Program Type. (Check one)</u></b> <input type="radio"/> TANF <input checked="" type="radio"/> State
<b><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u></b> Work Activities are the same as TANF Program.
<b><u>6. Total State Expenditures for the Program for the Fiscal Year:</u></b> \$5,952,835
<b><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u></b> \$5,952,835
<b><u>8. Total Number of Families Served under the Program with MOE Funds:</u></b> 1,900
<b><u>This last figure represents (Check one):</u></b> <input checked="" type="radio"/> The average monthly total for the fiscal year. <input type="radio"/> The total served over the fiscal year.
<b><u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u></b> See NJ TANF State Plan page 8.
<b><u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u></b> <input checked="" type="radio"/> Yes <input type="radio"/> No
<b><u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u></b> \$0

Certification  
Certify:

This certifies that all families for which the State claims MOE expenditures for the fiscal year meet the State's criteria for "eligible families."

Signature 

Name Nicholas Butkewicz

Title Administrator Financial Reporting

Date Submitted 12/30/2010

Approved OMB No. 0970-0248 Form ACF-204, expires 04/30/2009.